

**Kentucky Department of Agriculture
Commodity Supplemental Food Program
PARTICIPANT AGREEMENT**

- | | |
|--|--|
| <ul style="list-style-type: none">• I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.• Program benefits are provided in connection with the receipt of Federal assistance• Program officials may verify information I have provided to determine my eligibility.• I understand that participating in the Special Supplemental Food Program for Women, Infants and Children, (WIC) and the Commodity Supplemental Food Program (CSFP) at the same time is not allowed and will result in being removed from at least one Program.• I have been advised of my rights and responsibilities under the CSFP Program.• I consent to the release of information to CSFP Program staff and other individuals responsible for the operation of the Program for eligibility determination and health related activities which are a part of the program. | <ul style="list-style-type: none">• I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.• I may appeal any decision made regarding my eligibility for the program. A request for a fair hearing can be submitted to the State or Local Agency.• The Local Agency will make health services and nutrition education available to me and I am encouraged to participate in these services.• If determined eligible for the Program, I will pick up Supplemental Foods as directed. I understand that failure to pick up food as directed may result in me being dropped from the Program.• I understand that the foods provided by the program are intended for the participant for whom they are prescribed.• I understand CSFP is a supplemental rather than total food program. |
|--|--|

REQUESTING A FAIR HEARING

If I am dissatisfied with any decision made regarding my eligibility the following procedures may be followed:

- | | |
|--|--|
| <ul style="list-style-type: none">• I may request to have my case reviewed by <u>staff</u> of the Local Agency or State Agency for accuracy.• I may request a Fair Hearing made orally or in writing by contacting the. My request for a hearing must be made within 60 days of the date of the notice informing me of denial or termination from the CSFP Program. | <ul style="list-style-type: none">• A hearing shall be scheduled within 45 days of the date of my request. I will be provided at least 10 days advance notice of the hearing date, location, and time.• I may represent myself or select a representative to speak on my behalf at the hearing. If I or my representative cannot appear at the scheduled time and place, I may request the hearing officer to reschedule the hearing. I may request the hearing be rescheduled only one time. |
|--|--|

"The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, sex, and disability. Persons with disabilities who require alternative means for communication of program information should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 26-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964. USDA is an equal opportunity provider and employer."

Signature (Applicant/Participant)

Date